DEPARTMENT OF DEFENSE BLOGGERS ROUNDTABLE WITH
VICE ADMIRAL ADAM ROBINSON, U.S. NAVY SURGEON GENERAL

VIA TELECONFERENCE FROM IRAQ

SUBJECT: HEALING THE WOUNDS OF WAR; MEDICAL CARE FOR OUR WOUNDED WARRIORS IN THEATER AND EN ROUTE TO CONUS

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(Note: Please refer to www.dod.mil for more information.)

CHARLES "JACK" HOLT (chief, New Media Operations, OASD PA): And this is Jack. Who's joining us?

ADM. ROBINSON: Hello?

MR. HOLT: Hello?

ADM. ROBINSON: Hey, yes, this is Admiral Robinson. How are you?

MR. HOLT: Oh, Admiral Robinson, thank you very much. We're fine here. Just -- let us -- I think we're just about ready here for you, sir.

ADM. ROBINSON: Okay. I'm fine.

MR. HOLT: Okay, sir. We've been having a little technical difficulty on this end, but we've got a couple folks on-line. So I suppose we could go ahead and begin.

I'd like to welcome Vice Admiral Adam Robinson with us, the sergeant general for the U.S. Navy.

Sir, if you have an opening statement, we're ready when you are.

ADM. ROBINSON: Okay. And before I get started, just one thing. Can you hear me all right?

MR. HOLT: Yes, sir. Loud and clear.

ADM. ROBINSON: Okay. I'm having just a little trouble with you, but it's nothing bad. I think we're -- we'll press on.

MR. HOLT: All right.

ADM. ROBINSON: And here's my opening statement.

Thanks for participating and giving me an opportunity to talk about the present trip. Some background on the present trip. Our first stop last Saturday, December 1st, was to Bahrain, the home of the U.S. Naval Force and Central Command, NAVCENT, the naval component commander for the U.S. Central Command, CENTCOM.

The purpose of this visit was to get a strategic view of the medical footprints and medical services Navy medicine provides to both U.S. and coalition forces in the Arabian Gulf, Red Sea, Gulf of Aden and parts of the Indian Ocean. On the 3rd of December, Monday, we went to Kuwait, Camp Arifijan, the home of U.S. Army Central Command, ARCENT, the Navy -- or the Army component commander force CENTCOM. Camp Arifijan also serves as the logistical command and control hub for both Operation Iraqi Freedom and Operation Enduring Freedom. Camp Arifijan is also home to the 44-bed U.S. Military Hospital Kuwait, staffed by the Expeditionary Medical Facility Kuwait, comprised of approximately 370 Navy medical personnel from 30 different health care facilities.

The mission of EMF Kuwait is to provide medical care to the approximately 20,000 coalition forces in five installations in the Kuwait theater of operations. And EMF is similar in capability and productivity to a naval hospital such as Campe Lejeune, Camp Pendleton or Lemoore, except the hospitals currently housed using modular shelters that literally are set up in less than 48 hours. By providing world-class medical care to the U.S. Army Central and the 1st Sustainment Command, which has command and control of logistics in the entire CENTCOM AOR, Expeditionary Medical Facility Kuwait is playing a vital role in supplying and sustaining combat operations.

On Tuesday, we flew 60 miles north to Camp Buehring, which is only 50 miles from the Iraqi border. Camp Buehring serves as the last training and staging base for tens of thousands of Iraqi-bound troops. EMF Kuwait is presently providing outstanding primary care to approximately 10,000 soldiers in Camp Buehring, a number that can vary depending on the deployment and redeployment of forces.

In Camp Arifjan, my staff also toured the warrior transition mall, offered to all Navy individual augmentees, currently over 14,000 in the CENTCOM area of responsibility, returning from Iraq or Afghanistan. The warrior transition mall gives sailors three to five days to acclimate out of the combat operations and to decompress. We have multi-disciplinary teams of many health professionals, including mental health professionals, and chaplains to screen our warriors for any operational stress issues that may be confronted as they return home.

This weekend, we're flying to Landstuhl, Germany, to see how the medical facility and the CASEVAC medevac system works in this particular area. The Landstuhl facility can accommodate an average of 75 seriously wounded service members that are airlifted from the battlefields of Iraq and Afghanistan every day.

Combat casualty care is a continuum of care, which begins with the corpsmen in the field, alongside whatever warrior is there. In this instance, corpsmen are always with our Marines. It progresses to forward resuscitative care units, which are in theater, and it culminates in care provided through en-route care of our patients as they're evacuated to the rear and our military hospitals.

Transporting injured troops in Iraq indeed works like a joint conveyor system. It starts with helo lift from the battlefield, and it ends in Landstuhl when the patients are re-evaluated, resuscitated and then delivered to care in the United States.

At this time, I'd like to thank you for giving me the opportunity to read this statement, and I'll take your questions.

MR. HOLT: All right. So thank you very much.

And Bryant Jordan, you were first off. Why don't you get us started, sir?

Q Thank you very much. Good morning, Admiral. Thank you for being available.

ADM. ROBINSON: Thank you very much.

Q Sir, I was wondering -- are you -- is the Navy -- and is it possible for you to speak at all about the other services, medically speaking -- do you have the resources in terms of people, the surgeons, the therapists, psychologists that you need to actually provide the level of care to these men and women who are being wounded, injured in Iraq and Afghanistan? Are there any shortfalls in any of the areas?

ADM. ROBINSON: The answer is -- and forgive me, I'm having just a little trouble hearing you. I think you're all on speakerphones.

Q Yes, I am.

ADM. ROBINSON: And if you could get closer to them, it would help me a little bit. And let me make sure I have the question, and that is -- do I have shortfalls in the care of any of my health care professionals, mental health, combat casualty, whatever, that is keeping me from treating our returning warriors?

Q That's it, yes.

ADM. ROBINSON: And the answer is, no, I don't have shortfalls. In other words, I don't have any gaps in which I can't treat servicemen and women who are coming back from theater for whatever they may have.

Some of the challenges are simply to make sure that we screen these men and women appropriately; that we have some baseline and some data to make sure that if they are suffering, for example, from combat stress of any sort, that we

can identify that or at least have a baseline for where they were when they came out of theater, and then make sure that we get them to the care that they need, if in fact this becomes a problem in the future.

(Pause.) Over.

MR. HOLT: Okay. All right, sir.

And Jason.

Q Morning, sir. My name's Jason Sigger. I'm with the Armchair Generalist blog. You had talked mostly about the Navy corpsmen and the Marines, which I understand -- on your service. Do the Army soldiers also go through the same channels that you were describing earlier in your comments? And my --

ADM. ROBINSON: And what do you mean, the same channels?

Q Well, you were talking about going through Camp Arifjan, through Germany. Did you -- were you able to -- do you oversee -- if -- let me rephrase it.

ADM. ROBINSON: Okay, that's -- no, no, no. I follow you, Jason. I think I can answer it.

Q Okay.

ADM. ROBINSON: If I don't, will you let me know?

Because your question is, does the Army go through the same channels that the -- you think the Marines are going through the channels that I'm talking about now. Is that correct?

Q Yes, exactly.

ADM. ROBINSON: All right. And this is the way it works. The Marines are going through the channel, but the EMF Kuwait, Expeditionary Medical Force Kuwait, the 44-bed medical facility I'm talking about, is totally Navy-run, and it is in support of Army. So this is -- we're actually in support of the Army in theater. Most of the patients -- 99.9 percent of the patients we're caring for right now are Army.

So to answer your question, the Marines will go through a similar thing, but in fact this Navy hospital, my corpsmen, nurses, doctors, Marines and -- I mean, corpsmen, dentists, medical and Medical Service Corps personnel are actually in support of Army. Does that help you?

Q Yes, it does.

ADM. ROBINSON: Okay.

Q If I could ask a quick follow-up --

ADM. ROBINSON: Certainly.

Q -- here at the end, at Bethesda, are there Army soldiers at Bethesda as well as Walter Reed? Is there joint management at Bethesda for Army people there, by chance?

ADM. ROBINSON: Absolutely. Having spent three years as the commander at Bethesda, we have Army, Navy and occasional Air Force, but we have Army and Navy and Marine Corps personnel there all the time.

Q Thank you.

ADM. ROBINSON: I would also like to -- I'd also like to tell you this. The support services for -- that the service member will need and his family will need or her family will need -- all of those types of things are available at National Naval Medical Center, as well as Walter Reed. So we are -- we have been taking care of service members from both services.

The arrangements that we've had in the National Capital Area, in D.C., have been that Bethesda has been the center of excellence for the traumatic brain injury, and that is generally closed and penetrating head wounds.

So the way the service members will be broken down -- it matters not what uniform you wear; it does matter what injury you have. All of the head-injured patients have come to the National Naval Medical Center. All of the -- all other patients and many of the limb-injured, the extremity-injured patients had been going to Walter Reed. And then we've also taken a lot of the limb-injured patients, but they all go to Walter Reed for the prosthetics care at some point. So the breakdown has been prosthetics care at Walter Reed, head-injured care at National Naval Medical Center.

Q Thanks very much, sir.

ADM. ROBINSON: Okay. Thank you.

MR. HOLT: Okay. All right. Any follow-up questions?

Q Yes. Bryant Jordan from military.com.

ADM. ROBINSON: Yes. Go ahead, Bryant.

Q In the past, I guess, there were some questions or some issues around recruiting medical staff, including your surgeons, your nursing staff, whatever. What's the picture like that now? Are you -- what's it like recruiting and retaining these folks?

ADM. ROBINSON: All right, Bryant, let me go through that.

As far as recruiting is concerned, I'm going to just go category by category.

Q Okay.

ADM. ROBINSON: And I'm also just talking Navy.

Q Okay.

ADM. ROBINSON: So for the Navy, there is really no particular shortage of recruiting any of the following. That is hospital corpsmen. We're doing a great job recruiting and retaining hospital corpsmen. We're doing an excellent job of recruiting and retaining our Nurse Corps officers.

I'm going to just stop and say Nurse Corps officers, nurses in the United States now, are a very scarce commodity in the private sector and everywhere. So the Nurse Corps bonuses and the Nurse Corps scholarship programs that exist have been utilized very effectively, and nurses are coming in. We're not having any problems.

Keeping them on a long term has been a little problematic, only because they can go about anywhere and make top dollar. But right now, we don't have any particular retention issues with Nurse Corps. But I think it's something we just need to be aware, that it's certainly a buyers market for nurses.

Medical Service Corps, and it depends on the specialty, podiatry or laboratory officers, radiation safety officers. We're not -- we're doing very well there. Psychology: Yeah, we could do much better in recruiting and also keeping psychologists. And that's difficult, but we're making some inroad there. It's not completely impossible, but that's always been a troubling area.

One of the things that helps us is that National Navy Medical Center has one of the finest psychology internship programs. So for a finishing psychologist coming out of the clinical psychology programs in universities, they often are drawn to us, because we have a really excellent psychology program, internship program. That program fills every year, and I think we have six to seven residents per year in that program. I may be wrong on the numbers, but it's around that number, so that's helped us a lot.

Q Which center is this?

ADM. ROBINSON: And then physicians: Physicians still remain a challenge. I think we're going to do okay this year. And when I say okay, it's going to be comparable to the last one or two years. But that only means that we're still not going to probably make the full quota, but we're working on that.

John Harvey, the chief of Naval Personnel, CNO and others have made recruitment of medical personnel, and specifically physicians, a top priority for the Navy. I've been out to universities and discussed the Health Professions Scholarship Program, and have tried my best to streamline that program so it's easy to come into it. And additionally we've made a big process of trying to define career pathways for my Medical Corps officers, so that they will stop getting out normally between the 6th to the 10th year.

What they're doing is they're coming in, finishing their obligated service under the four-year, usually four-year, HPSP program, and then they're going out and doing their training. So we're emphasizing things such as graduate medical education, such as research. And we're trying to make sure that we don't mil-civ convert positions and don't have career pathways for my young medical officers, who feel like the mil-civ conversion program, as an example, is a real morale disincentive, because they feel like they're undervalued. In fact that's not necessarily true. But the reason I'm telling you this is I don't have control over people's perceptions and people's feelings.

Q Yes.

ADM. ROBINSON: So I have to be very much aware of that, and I'm out talking with my young officers and trying to let them know that as a 30-year Medical Corps veteran and someone who is in the first class of health profession scholarship students and someone who's trained in the Navy and I've gotten all of my advanced medical training in the Navy and through private institutions

through the navy, there is truly a pathway that's quite vibrant and it can be very successful.

Sorry to be so long-winded on my answers, but I just wanted to go through that, Bryant.

Q Sure. I don't mind at all. May I ask you, do you have a sense or do you know about how under-strength you may be in physicians?

ADM. ROBINSON: I cannot give you that. And I tell you this. If you follow up with Cheedo Feffler (ph) my PAO, or anyone, I'll be happy to see if I can get those numbers. And the reason I can't give them to you now is I don't have them, but the other reason is, we've really started some initiatives and I think we're making some inroad in terms of what our recruitment status will be. We're approximately halfway through this year -- I'm talking about fiscal year now -- and so I can't give you the numbers right this minute, but I have a feel. My sense is that we're doing better this year, and part of that is because I have my medical department and also naval personnel really focused on the problems, particularly with Medical Corps.

Q Okay. Well --

(Cross talk.)

ADM. ROBINSON: Go ahead.

Q One more follow-up, and that is on corpsmen. Has the Navy implemented something new in the last six to eight months? Because in a previous interview, you had mentioned that you're having a problem with numbers of corpsmen, and just now you said that was not a problem. Has something different come down the pike?

ADM. ROBINSON: No. Actually I didn't say there was a difference before. I think probably what I said before is we haven't had a particular problem with corpsmen; what we have had is we've had a problem in making sure that people are 8404 trained; 8404 corpsmen are the corpsmen who are trained to go with the Marine Corps. One of the issues that's happened is, many of our women would like to be 8404, but the problem with that is, as access -- as 8404s go down, very often women aren't capable of going into combat roles to fill them.

Q Right.

ADM. ROBINSON: But in fact we have training for women as 8404s at Camp Lejeune, and that training is still going on. And so we're still training women. And the number -- and we have 8404 trainings for both men and women at San Diego and at Camp Lejeune -- or, I'm sorry, at Camp Pendleton and Camp Lejeune. So that's a challenge in making sure that we have the numbers so that we can keep up our Marine Corps units, but thus far we're not having problems doing that. In other words -- and we're not down on corpsmen. Our corpsmen strength is such that we're doing quite well.

Q Okay. Very good. Thank you.

ADM. ROBINSON: Okay.

MR. HOLT: All right.

ADM. ROBINSON: Thank you very much.

MR. HOLT: Anybody else? Anything else? (No response.)

All right, sir. Thank you very much. Vice Admiral Robinson, U.S. Navy surgeon general, with us this morning for the Bloggers Roundtable. Thank you, sir, for joining us, and we look forward to speaking with you again.

ADM. ROBINSON: Thank you very, very much.

Q Thank you very much. And I look forward to meeting with you again too.

MR. HOLT: All right, sir. Thank you.

ADM. ROBINSON: Okay. I'm out here.

MR. HOLT: Out here.

Q Okay, bye-bye.

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